



3761 ✓

Docket: 6956

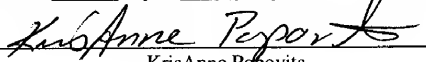
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| | | |
|-----------------------|-------------------------|-------------------------|
| First Named Inventor: | Barry M. Thompson | |
| Application No.: | 09/710,288 | |
| Filing Date: | November 10, 2000 | Examiner: L. T. Truong. |
| Title: | SMOKE EVACUATION SYSTEM | Group Art Unit: 3761 |

TRANSMITTAL LETTER

Commissioner for Patents
Washington, D.C. 20231

I hereby certify that this document is being sent via First Class U.S. mail addressed to: Commissioner for Patents, Washington, D.C. 20231 on this 3 day of February, 2003.


KrisAnne Popovits

Dear Sir:

The following documents are enclosed in connection with the above-referenced patent application:

1. Amendment (24 pages);
2. Petition For Extension Of Period For Response (1 page);
3. Fee Determination (After Amendment of Claims) (1 page);
4. Check in the amount of \$55; and
5. Return Receipt Postcard.

RECEIVED

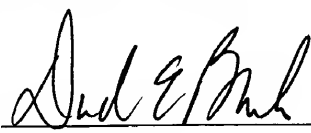
FEB 21 2003

TECHNOLOGY CENTER R3700

Respectfully submitted,

DORSEY & WHITNEY LLP

Date: Feb 3, 2003

By: 
David E. Bruhn
Reg. No. 36,762
Suite 1500
50 South Sixth Street
Minneapolis, MN 55402-1498
(612) 340-6317



**FEE DETERMINATION
(After Amendment of Claims)**

Complete if Known

| | |
|----------------------|-------------------|
| Application No. | 09/710,288 |
| Filing Date | November 10, 2000 |
| First Named Inventor | Barry M. Thompson |
| Group Art Unit | 3761 |
| Examiner Name | L. T. Truong |
| Atty. Docket Number | 6956 |

Claims as Amended in Response to Office Action dated: 10/02/2002

| METHOD OF PAYMENT (Check One) | | AMENDMENT FEE CALCULATION (Continued) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|------------------------------------|--|------------------------------------|-----------------|-----------------|------------------|------------------------|-----------------|----------|-----------------------------------|-----|--|--------------------------|-----|-----------|---|--|-----|---|--|--|--------------|-----|---|--|-------|-----|--|--|-------|-----|---------------------------|--|-----|-----|------------------|--|-----|-----|-----------------------------------|--|-----|-----|--------------------------|--|-----|----|-------------------------|--|-----|----|----------------------------------|--|-------|-----|------------------------------------|--|-----|-----|-------------------------------|--|-----|-----|-------------------|--|-----|-----|---|--|
| 1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account No.: 04-1420 Deposit Account Name: DORSEY & WHITNEY LLP | | 3. ADDITIONAL FEES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. <input checked="" type="checkbox"/> Check Enclosed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. <input checked="" type="checkbox"/> Charge any additional fee required under 37 C.F.R. 1.16 and 1.17 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. <input checked="" type="checkbox"/> Applicant claims small entity status (see 37 C.F.R. 1.27) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. <input checked="" type="checkbox"/> Check Enclosed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AMENDMENT FEE CALCULATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. EXTRA* CLAIM FEES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table><thead><tr><th>Claims Remaining after Amendment</th><th>Highest Number Previously Paid for</th><th>Present Extra</th><th>Fee from Below*</th><th>Additional Fee</th></tr></thead><tbody><tr><td>Total 44</td><td>- 28</td><td>=</td><td>x \$9.00</td><td>= 0</td></tr><tr><td>Indep. 9</td><td>- 10</td><td>=</td><td>x \$42.00</td><td>= 0</td></tr><tr><td colspan="5">First Presentation of Multiple Dependent Claim x =</td></tr><tr><td colspan="4">Subtotal (1)</td><td>0</td></tr></tbody></table> | | Claims Remaining after Amendment | Highest Number Previously Paid for | Present Extra | Fee from Below* | Additional Fee | Total 44 | - 28 | = | x \$9.00 | = 0 | Indep. 9 | - 10 | = | x \$42.00 | = 0 | First Presentation of Multiple Dependent Claim x = | | | | | Subtotal (1) | | | | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Claims Remaining after Amendment | Highest Number Previously Paid for | Present Extra | Fee from Below* | Additional Fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total 44 | - 28 | = | x \$9.00 | = 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Indep. 9 | - 10 | = | x \$42.00 | = 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First Presentation of Multiple Dependent Claim x = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Subtotal (1) | | | | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * Calculation of Extra Claim Fees | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table><thead><tr><th>Large Entity Fee</th><th>Small Entity Fee</th><th>Fee Description</th></tr></thead><tbody><tr><td>18</td><td>9</td><td>Claims in excess of 20</td></tr><tr><td>84</td><td>42</td><td>Independent claims in excess of 3</td></tr><tr><td>280</td><td>140</td><td>Multiple dependent Claim</td></tr><tr><td>84</td><td>42</td><td>Reissue independent claims over original patent</td></tr><tr><td>18</td><td>9</td><td>Reissue claims in excess of 20 and over original patent</td></tr></tbody></table> | | Large Entity Fee | Small Entity Fee | Fee Description | 18 | 9 | Claims in excess of 20 | 84 | 42 | Independent claims in excess of 3 | 280 | 140 | Multiple dependent Claim | 84 | 42 | Reissue independent claims over original patent | 18 | 9 | Reissue claims in excess of 20 and over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Large Entity Fee | Small Entity Fee | Fee Description | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | 9 | Claims in excess of 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 84 | 42 | Independent claims in excess of 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 280 | 140 | Multiple dependent Claim | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 84 | 42 | Reissue independent claims over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | 9 | Reissue claims in excess of 20 and over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 3. ADDITIONAL FEES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Large Entity Fee | Small Entity Fee | Fee Description | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 110 | 55 | Extension for reply within first month | \$55.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 410 | 205 | Extension for reply within second month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 930 | 465 | Extension for reply within third month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1,300 | 650 | Issue Fee-Utility/Reissue | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 320 | 160 | Notice of Appeal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 320 | 160 | Filing brief in support of appeal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 280 | 140 | Request for oral hearing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 110 | 55 | Terminal Disclaimer Fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 130 | 130 | Petitions to the Commissioner | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 180 | 180 | Submission of IDS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 750 | 375 | Request for Continued Examination (RCE) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Other fee (specify): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Subtotal (2) \$55.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Total Amount of Payment: \$55.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Submitted by:

CUSTOMER NUMBER

25763

DORSEY & WHITNEY LLP
Intellectual Property Department
50 South Sixth Street, Suite 1500
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Name: David E. Bruhn

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Telephone: (612) 340-6317

Signature:

Date:

Feb 3, 2003